

IMMUNIZATION PROGRAM

Program Boundary Statement

Program Quality Criteria

Program Objectives

2007 Program Boundary Statement Wisconsin Immunization Program

For each performance-based contract program, the Division of Public Health has identified a Boundary Statement. The Boundary Statement sets the parameters of the program within which the Local Public Health Department (LPHD), Tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider or specific programmatic parameters, those are included in the Boundary Statement.

LPHDs, Tribes and agencies are encouraged to leverage resources across categorical funding to achieve common program goals. The Wisconsin Immunization Program aligns well with the boundaries of the WIC and MCH Programs.

Program Boundary Statement:

The LPHD's Immunization Program is expected to administer vaccines primarily to children from birth through 18 years of age. The LPHD will assure the development and maintenance of a jurisdiction-wide immunization infrastructure necessary to raise immunization levels for universally recommended vaccines. In addition, the LPHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. The LPHD will follow the Policies and Procedures Manual developed and distributed by the Wisconsin Immunization Program unless otherwise agreed upon. LPHDs will also assure that community wide systems are in place to prevent vaccine preventable diseases such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenzae B, varicella, pneumococcal disease, meningococcal disease, influenza, rotavirus, HPV, and hepatitis A and B. To ensure that funds provided for this program through the consolidated contract are used effectively, contractees will be required to measure the outcome of their efforts to achieve goals. LPHD will maintain partnerships with all immunization providers in their jurisdiction.

Long-term Program Goals:

As part of a continuous quality improvement (CQI) initiative, the Wisconsin Immunization Program has reviewed and analyzed Healthiest Wisconsin 2010 and Healthy People 2010 objectives utilizing *multiple data sources to guide programmatic priorities. Sixty-one immunization objectives are identified in the state and federal health plans. Of the total objectives where data is available, 65.3% (32/49) of Healthiest Wisconsin 2010 and Healthy People 2010 goals have been met. The Wisconsin Immunization Program will continue to evaluate 2010 goals on a bi-annual basis.

The Annual Consolidated Contract Process is an important component of the Wisconsin Immunization Program's CQI initiative and will be utilized to drive programmatic outcomes using evidence-based practices and data driven activities. To that end, state, regional and local public health entities have a leadership role in education for implementing, assessing and assuring population-based immunization activities to meet local, state and federal immunization goals and objectives. Due to limited resources, high leverage activities need to be prioritized

thus having the greatest impact on programmatic functions and stated goals within the defined public health functions of assessment, policy development, and assurance.

Currently, Wisconsin's rate for the 4:3:1:3:3:1 series is 77.7%. To achieve the Healthy People 2010 goals stated in Healthiest Wisconsin 2010 and Healthy People 2010, 90% percent of Wisconsin children aged 19-35 months will receive all universally recommended vaccines (4 DTap, 3 Polio, 1 MMR, 3 Hib, 3 HepB, and 1 Varicella [4:3:1:3:3:1]). Through performance-based contracts, we can execute population-based immunization activities to achieve local, state and federal immunization goals.

*Data sources include and used in the analysis include the National Immunization Survey (NIS), the Behavioral Risk Factor Surveillance System (BRFSS) multiple DHFS databases, and the Wisconsin Immunization Registry (WIR).

Annual Program Goals:

For 2007, increase the percent of Wisconsin children ages 19-35 months who receive all the universally recommended vaccines of 4 DTap, 3 Polio, 1 MMR, 3 Hib, 3 HepB and 1 Varicella (4:3:1:3:3:1) to 84%. Coverage levels for 2004 were 78.0%.

Target Populations:

The Immunization Program primarily serves Wisconsin children ages 0-18 years.

References:

Federal Regulations/Guidelines:

- CDC "Federal Grant Guidance Document"
- CDC Current ACIP Recommendations
- CDC VFC Operation Guide
- CDC "Pink Book"
- CDC "Immunization Program Operations Manual"
- CDC Healthy People 2010

State of Wisconsin Statutes/Administrative Rules/Guidelines:

- WI Statute ch. 252
- WI Administrative Rule HFS 144
- WI State Health Plan "Healthiest Wisconsin 2010", including the Implementation Plan

Program Policies:

- Wisconsin Immunization Protocols "Policies and Procedures for Immunization Programs"
- Core Competencies for Public Health Professionals

Optimal or Best Practice Guidance:

- Contractees must use the Wisconsin Immunization Registry (WIR) or an electronic immunization data system that links with the WIR.
- Contractees should make every effort to identify and link immunization outreach and promotion activities with existing local health department efforts targeted at high risk

families. These may include but are not limited to: Prenatal Care Coordination (PNCC), WIC programming and education, new baby mailings and home visits, Baby-Fast support systems, LPHD HealthCheck programming, Birth to Three programming, Developmental Screening programs, Safe and Healthy Home Inspections, LPHD Car Seat Safety Programs, CYSHCN case management, Preparedness education for families, POCAN case management, Lead screening programs, Daycare efforts, and Reproductive Health Programming.

- Contractees must engage in community partnerships to identify and address the needs of high-risk populations in a culturally competent and linguistically appropriate manner and to educate families and the community on the importance of on schedule immunization of children.
- Contractees should make every effort to share information on Vaccine Preventable Disease, Immunization and local assessment data with local private health care providers and key community stakeholders in an effort to increase immunization coverage rates within their jurisdictions.

Unacceptable Proposals:

The Wisconsin Immunization Program will not accept objectives that focus efforts on school, day care, adolescent or adult populations unless the **current population-based assessment** for children 12-35 months of age shows immunization rates for 4:3:1:3:3:1 are at or above 90%. The Immunization Program does caution contractees that experience has shown that great effort is needed to sustain an immunization rate at or above 90%; therefore, once the coverage rate is at or above 90%, objectives that focus efforts on schools, daycare, adolescent, or adult populations should be undertaken with a great deal of forethought.

CDC's FY 2006 discretionary budget is lower than last year's discretionary budget - the first time CDC has experienced an overall cut in 25 years. The Wisconsin Immunization Program's 2006 funding was cut and the program anticipates a similar budget cut for FY 2007. With that said, the Wisconsin Immunization Program is charged to place high priority on activities that provide a greater health impact. This language was stated in the DHHS 2006-07 Executive Summary as well as the 2007 Continuing Grant Guidance from the National Center for Immunization and Respiratory Diseases (NCIRD). Past programmatic template objectives may not fit into the new framework in which we are trying to achieve these goals. Use of past objectives will require negotiation and does not guarantee acceptance.

Relationship to State Health Plan: *Healthiest Wisconsin 2010*:

Health Priorities:

- Access to primary and preventive health services
- Social and economic factors that influence health
- Existing, emerging and re-emerging communicable diseases

Infrastructure Priorities:

- Integrated electronic data and information systems
- Community health improvement processes and plans

- Coordination of state and local public health system partnerships

Essential Services:

- Evaluate effectiveness, accessibility and quality of personal and population-based health services
- Link people to needed health services
- Monitor health status to identify community health problems
- Identify, investigate, control and prevent health problems
- Educate the public about current and emerging health issues
- Promote community partnerships to identify and solve health problems
- Create policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety

Addendum - WI Immunization Program

Possible interventions/activities where an immunization intervention might be used to reach high-risk persons to increase immunization rates:

- Check immunization records at lead screening sites
- PNCC clients – have an immunization education module and follow birth with appointment for 1:1:1:1
- Check records of children of women being followed for inter-conception counseling
- Follow breastfeeding mothers at 1-2 months and check on first immunization appointment
- Immunization teaching at Public Health Nurse new baby home visits
- Use Baby-Fast Support System to educate mentors and have immunization teaching module (Moms under 25 years of age mentoring and support)
- Check immunization records and refer if not up-to-date (UTD) for all developmental screenings done for children 6 months – 5 years
- Check immunization records at Car Seat Checks done by LPHD staff or PHNs
- Check immunization records at all visits that assess for hazards in the home
- CSHCN seen and referred have records checked for immunizations and referral if not UTD
- Have an immunization module in CYSHCN case management
- Include immunization teaching in all Health Education Activities targeted to MCH populations
- Insert checking for UTD immunizations in self-reporting behavior changes in targeted MCH programs targeting changes in specific health related behaviors
- Use immunization strategies to tie in with efforts of other MCH local partnerships and coalitions to address MCH issues in community or jurisdiction
- Educate dental professionals to also check for UTD immunization rates
- Community prevention and preparedness strategies also include emphasis on UTD immunizations
- Work with WIC

- Use EIDP education to assure that young women are fully immunized and/or referred for immunizations.
- Work with private medical doctors to utilize registries.

LPHDs along with the Wisconsin Immunization Program will contact private providers not currently using a registry to help facilitate in any way possible the use of WIR or a registry capable of interfacing with WIR.

LPHDs along with the Wisconsin Immunization Program will monitor the use of the registry by private providers and when necessary assure that immunization data will be entered accurately and in a timely manner.

2007 Program Quality Criteria Wisconsin Immunization Program

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractors should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

- A. Contractees must assure reported vaccine preventable diseases (VPD) are investigated and controlled as detailed in the most current edition Wisconsin Disease Surveillance Manual (EPINET). Immunization programs should maintain regular contact with local required reporters of VPDs to encourage and assure prompt reporting.
- B. Contractees must annually formally evaluate immunization delivery and vaccine preventable disease surveillance systems and improve those systems in their jurisdictions where needed.
- C. Contractees must work in collaboration with the Immunization Program to increase the use existing electronic data collection systems for vaccine record keeping and vaccine preventable disease data systems.

Delivery of public health services to Wisconsin residents by qualified health professionals in a manner that is family centered, culturally competent, linguistically appropriate and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

- A. Contractees must assure the delivery of immunization services in a safe, effective and efficient manner as detailed in the Wisconsin Immunization Program Policies and Procedures Manual and in section 252, HFS 145, Wis. Admin. Code. Contractees must assure the immunization of children is consistent with Healthy People 2010 goals.

Record keeping for individually focused services that assure documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- A. Contractees must use the Wisconsin Immunization Registry (WIR) or an electronic immunization data system that links with the WIR. The data system must have a tracking and recall function to identify children whose immunization records are behind schedule. Tracking and recall shall be conducted at least bi-monthly as required by the Wisconsin Policies and Procedures Manual for Immunizations.

- B. Contractees' immunization practice must assure the immunization of children, and share children's immunization records with parents or guardians, schools and day care centers and other healthcare providers as provided by the Wisconsin School Immunization Law.

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- A. Contractees must engage in community partnerships to identify and address the needs of high-risk populations, reduce racial and ethnic health disparities, and to educate families and the community on the importance of immunizations.

Coordination with related programs to ensure that identified public health needs is addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- A. Contractees must coordinate immunization services with local child healthcare (service) providers: e.g., WIC projects, Medical Assistance programs, and other local public health programs to assess the immunization status of, refer, and provide immunization services to under-immunized children.

A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

- A. Contractees must develop relationships among public and private healthcare providers to facilitate access by children and families to immunization services. Contractees should work with these providers to assure that current immunization guidelines are followed. These relationships should also be used to promote the prompt reporting of suspect vaccine preventable diseases, and the use of the WIR or a registry capable of interfacing with the WIR.
 - 1) The local public health department (LPHD) should promote the medical home concept by referring vaccine recipients to their medical home provider for subsequent immunizations and coordinate with this medical provider to assure adherence to the recommended immunization schedule. If no medical home exists, the LPHD must continue to provide immunization services.
 - 2) Promote the exchange and sharing of immunization data using immunization registries.
 - 3) The LPHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. When prompt reporting of a vaccine preventable disease does not occur, the LPHD will formally address the issue with the reporting agency to assure that reports are made according to the latest EPINET Manual.

Provision of guidance to staff through program and policy manuals and other means sufficient to ensure quality health care and cost-effective program administration.

- A. Contractees will ensure program staff is competent in current immunization program policy and processes, including that provided through the Centers for Disease Control and Prevention (CDC) distance learning course and CDC updates.
- B. The LPHD will follow the Wisconsin Policies and Procedures Manual for Immunizations developed and distributed by the Wisconsin Immunization Program, unless otherwise agreed upon. The LPHD must have written policies on the proper handling and storage of state-supplied vaccine. These policies must be reviewed with all immunization program related staff on at least an annual basis.

Financial management practices sufficient to ensure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance coverage of services provided.

- A. Billing for payment of childhood immunization services is not required under this section.
- B. LPHDs must assure that parents of children who are on Medical Assistance will not be charged a vaccine administration fee or be requested to make a donation for vaccine or vaccine related services. Administration fees cannot be mandatory and clients must be informed that failure to pay the administration fee or make a donation does not preclude them from receiving state-supplied vaccine. This information must be added to immunization advertising materials used by the LPHD. The message must be given to the client in a way and in a language the client understands.

Data collection, analysis, and reporting to ensure program outcome goals are met or to identify program management problems that need to be addressed.

- A. Contractees must collect and analyze agency and available private provider immunization data for children 12-35 months of age, school immunization law reports and other available population-based information needed to identify strengths and weaknesses in local delivery systems and plan improvements. Only children who have moved out of the agencies jurisdiction may be removed from the cohort for analysis.
- B. LPHDs will utilize the WIR for immunization level data analysis.

2007 Immunization Program Template Objectives

The Gold Standard (4:3:1:3:3:1) Template Objective

Objective Statement: By December 31, 2007, (**insert %**) of infants born to families residing in the (**insert name**) Health Department jurisdiction who turn 24 months of age during the contract year will have received 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B and 1 varicella vaccination.

Deliverable: A Wisconsin Immunization Registry generated, population-based report to document: 1) the number of children in the (**insert name**) Health Department jurisdiction who turned 24 months of age in 2007, 2) the number of those children who have received 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B and 1 varicella vaccination, 3) the number of those children marked as moved or going elsewhere, and 4) the number of those children marked as non-responders.

Context: Children will be assessed for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 varicella vaccination at 24 months of age. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.

Data Source for Measurement: Wisconsin Immunization Registry.

For Your Information: Access to primary and preventive health services is one of the priorities identified in Wisconsin's State Health Plan, Healthiest People 2010: A Partnership Plan to Improve the Health of the Public. Agencies are expected to follow children through completion of on-time primary immunizations. Agency activities shall include monitoring for receipt of all recommended childhood vaccines. In addition, through this objective, local health departments (LHD) will work to address the Healthy People 2010: 14-26 goal to "Increase the proportion of children who participate in fully operational population-based immunization registries" by identifying local gaps in Wisconsin Immunization Registry (WIR). The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective: 1) contacting parents of infants without immunization histories, 2) reminder/recall, 3) follow-up interventions to complete series, 4) tracking, 5) sharing information with area physicians, 6) requesting that information is entered into the WIR, 7) coordination of immunization services with other LHD programs. Additional interventions or activities are noted in the Immunization Program Boundary Statement. These are suggested interventions or activities that LHDs may want to consider in order to achieve this objective. These activities are addressed in the Boundary Statement: "...The local health department will assure the development and maintenance of a community-wide immunization infrastructure necessary to raise immunization levels and prevent vaccine preventable diseases such as diphtheria, tetanus, ...and hepatitis B."

2007 Immunization Program Template Objectives
Pockets of Need – Immunization

Objective Statement: By December 31, 2007, (insert %) of infants born to families residing in the (insert name) Health Department jurisdiction who turn 19 months of age during the contract year will have received their 4th dose of DTaP.

Deliverable: A Wisconsin Immunization Registry generated, population-based report to document: 1) the number of children residing in the (insert name) Health Department jurisdiction who turned 19 months of age in 2007, 2) the number of those children who have received their 4th dose of DTaP, 3) the number of those children marked as moved or going elsewhere, and 4) the number of those children marked as non-responders.

Context: Children will be assessed for having the 4th dose of DTaP by 19 months of age. Only children who have moved out of the local agency's jurisdiction may be removed from the selected cohort for analysis.

Data Source for Measurement: Wisconsin Immunization Registry.

For Your Information: 2004 NIS Survey data indicates that, for Wisconsin, 86.3% of 19 month olds had received their 4th dose of DTaP. Baseline data using DTaP vaccine as an indicator will assist the department in identifying children who at greatest need of access to primary health care for the need for further interventions. Agencies are expected to follow children through completion of on-time primary immunizations. Agency activities shall include monitoring for receipt all recommended childhood vaccines. In addition, through this objective local health departments (LHD) will work to address the *Healthy People 2010: 14-26* goal to "Increase the proportion of children who participate in fully operational population-based immunization registries" by identifying local gaps in Wisconsin Immunization Registry (WIR) coverage. The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective: 1) contacting parents of infants without immunization histories, 2) reminder/recall, 3) follow-up interventions to complete series, 4) tracking, 5) sharing information with area physicians, 6) requesting that information is entered into the WIR, 7) coordination of immunization services with other LHD programs. Additional interventions or activities are noted in the Immunization Program Boundary Statement. These are suggested interventions or activities that LHDs may want to consider in order to achieve this objective. Agency activities related to this objective may include: contacting parents of infants without immunization histories, reminder/recall, follow-up interventions to complete series, tracking, sharing information with area physicians and requesting that information be entered into the WIR.

2007 Immunization Program Template Objectives
Non-negotiated Objective
Access to Primary Care Services – Late Starters

Objective Statement: By December 31, 2007, 90% of infants born to families residing in the (insert name) Health Department jurisdiction who turn three months of age during the contract year will have received 1 DTaP, 1 Polio, 1 Hib and 1 Hepatitis B vaccine by three months of age.

Deliverable: A Wisconsin Immunization Registry generated, population-based report to document: 1) the number of children in the (insert name) Health Department jurisdiction who turned three months of age in 2007, 2) the number of those children who received 1 DTaP, 1 Polio, 1 Hib, 1 Hepatitis B by three months of age, 3) the number of those children marked as moved or going elsewhere, and 4) the number of those children marked as non-responders.

Context: Children will be assessed for having at least 1DTaP, 1 Polio, 1 Hib and 1 Hepatitis B vaccine by three months of age. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.

Data Source for Measurement: Wisconsin Immunization Registry.

For Your Information: If an agency wishes to choose this non-negotiated objective, they may use a minimum of \$1,000 or \$3.00/birth toward accomplishing this objective.

Access to primary and preventive health services is one of the priorities identified in Wisconsin's State Health Plan, Healthiest People 2010: A Partnership Plan to Improve the Health of the Public. Children who begin their immunizations by three months of age are more likely to complete the primary series of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 Varicella by 24 months of age. The goal of this objective is to help identify patient and system level barriers that place these children at risk of not completing their primary series of immunization on schedule. Agencies are expected to follow children through completion of on-time primary immunizations. Agency activities shall include monitoring for receipt all recommended childhood vaccines. In addition, through this objective local health departments (LHD) will work to address the Healthy People 2010: 14-26 goal to "Increase the proportion of children who participate in fully operational population-based immunization registries" by identifying local gaps in Wisconsin Immunization Registry (WIR) coverage. The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective: 1) contacting parents of infants without immunization histories, 2) reminder/recall, 3) follow-up interventions to complete series, 4) tracking, 5) sharing information with area physicians, 6) requesting that information is entered into the WIR, 7) coordination of immunization services with other LHD programs. Additional interventions or activities are noted in the Immunization Program Boundary Statement. These are suggested interventions or activities that LHDs may want to consider in order to achieve this objective. These activities are addressed in the Boundary Statement: "...The local health department will assure the development and maintenance of a community-wide immunization infrastructure necessary to raise immunization levels and prevent vaccine preventable diseases such as diphtheria, tetanus, ...and Hepatitis B." At the local level, this objective can provide identification of populations at most risk for completion of primary vaccinations by age two. It will also help to identify populations or

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individuals for which access to primary preventive health care is an issue. The local health department will be able to identify and address gaps in WIR usage in the community.

Access to Primary Care Services – Late Starters

Objective Statement: By December 31, 2007, (**insert %**) of infants born to families residing in the (**insert name**) Health Department jurisdiction who turn three months of age during the contract year will have received 1 DTaP, 1 Polio, 1 Hib and 1 Hepatitis B vaccine by three months of age.

Deliverable: A Wisconsin Immunization Registry generated, population-based report to document: 1) the number of children in the (**insert name**) Health Department jurisdiction who turned three months of age in 2007, 2) the number of those children who received 1 DTaP, 1 Polio, 1 Hib, 1 Hepatitis B by three months of age, 3) the number of those children marked as moved or going elsewhere, and 4) the number of those children marked as non-responders.

Context: Children will be assessed for having at least 1DTaP, 1 Polio, 1 Hib and 1 Hepatitis B vaccine by three months of age. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.

Data Source for Measurement: Wisconsin Immunization Registry.

For Your Information: Access to primary and preventive health services is one of the priorities identified in Wisconsin's State Health Plan, Healthiest People 2010: A Partnership Plan to Improve the Health of the Public. Children who begin their immunizations by three months of age are more likely to complete the primary series of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 Varicella by 24 months of age. The goal of this objective is to help identify patient and system level barriers that place these children at risk of not completing their primary series of immunization on schedule. Agencies are expected to follow children through completion of on-time primary immunizations. Agency activities shall include monitoring for receipt all recommended childhood vaccines. In addition, through this objective local health departments (LHD) will work to address the Healthy People 2010: 14-26 goal to "Increase the proportion of children who participate in fully operational population-based immunization registries" by identifying local gaps in Wisconsin Immunization Registry (WIR) coverage. The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective: 1) contacting parents of infants without immunization histories, 2) reminder/recall, 3) follow-up interventions to complete series, 4) tracking, 5) sharing information with area physicians, 6) requesting that information is entered into the WIR, 7) coordination of immunization services with other LHD programs. Additional interventions or activities are noted in the Immunization Program Boundary Statement. These are suggested interventions or activities that LHDs may want to consider in order to achieve this objective. These activities are addressed in the Boundary Statement: "...The local health department will assure the development and maintenance of a community-wide immunization infrastructure necessary to raise immunization levels and prevent vaccine preventable diseases such as diphtheria, tetanus, ...and Hepatitis B." At the local level, this objective can provide identification of populations at

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most risk for completion of primary vaccinations by age two. It will also help to identify populations or individuals for which access to primary preventive health care is an issue. The local health department will be able to identify and address gaps in WIR usage in the community.